

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/603953
APPLICANT(S)

FILING DATE

5-20-04

CLAIMS

	ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3	/	/					53						
4		1					54						
5		1					55						
6	/	/					56						
7	/	/					57						
8	/	/					58						
9	/	/					59						
10		1					60						
11	/	/					61						
12		1					62						
13		1					63						
14		1					64						
15	/	/					65						
16		1					66						
17	/	/					67						
18	/	/					68						
19	/	/					69						
20	/	/					70						
21	/	/					71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.		1					TOTAL DEP.						
TOTAL CLAIMS	1	1					TOTAL CLAIMS						